

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **942?**

I. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2115 Withnell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **5 YRS.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo/** (b) County _____
City or town **St. Louis** **34**
(If outside city or town limits write "RURAL")
(d) Street No. **2115 Withnell**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **LIFE** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov. 16** Day **16**
year **1940** hour **7** minute _____
21. I hereby certify that I attended the deceased from **11:00 10th**
1940 to **11:00 16th** **1940**
that I last saw him **alive** on **11:00 16th** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Embolism**
Thrombosis **12 days**

Due to: **arterio sclerosis**

Other conditions: **J.P.V.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature **J. H. W. Bonshman** (M. D. or other) _____
Address **504 3rd Avenue Ave** Date signed **11/17/40**

8. (a) PRINT FULL NAME **Anna Smith**

8. (b) If veteran, * _____ name war _____
3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Alfred Smith** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **APR. 2 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **Oakville Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Fred Going**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophie Holle** **Ill**
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Smith**
(b) Address **2115 Withnell**

17. (a) **Burial** (b) Date thereof **Nov. 20 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muskogee, OKLA.**

18. (a) Signature of funeral director **Redwooder Funeral Home**
(b) Address **1926 St. Louis Ave.**

19. (a) **NOV 18 1940** (b) _____
(Date received local registrar) (Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D DEC 17 1940

Dr. Congelmann
5043 Vernon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harold Braun

Registered Apprentice No. *257*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.